

# Rising to the challenge of sleep problems in general practice – evidence for improving primary care for insomnia

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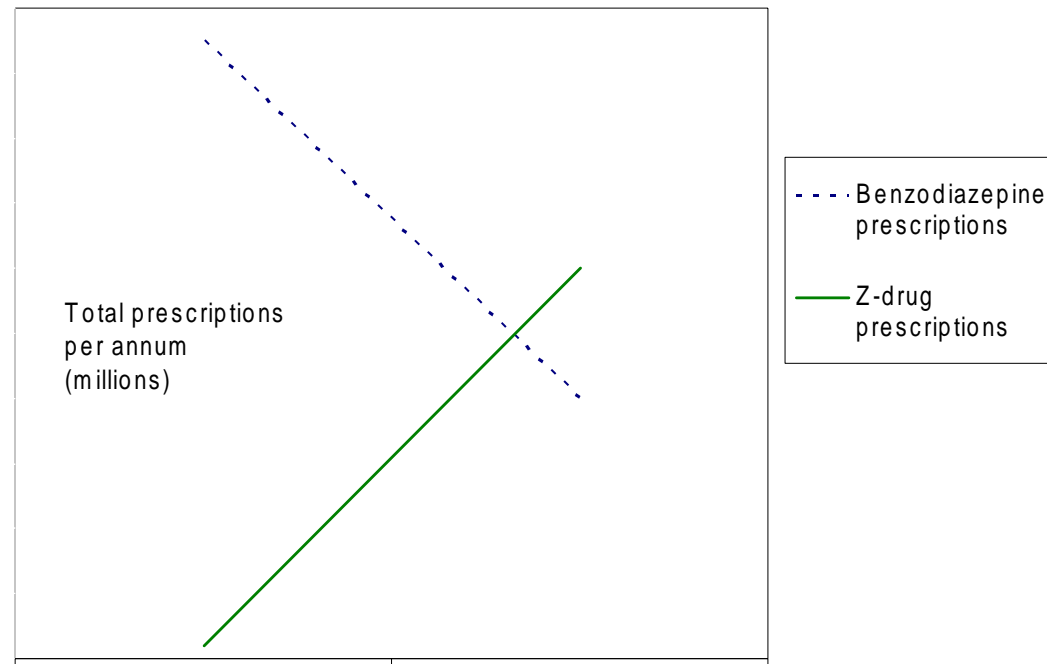
# Insomnia in primary care

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- ❑ Common > 30% of adults in any year
- ❑ Recurrent or chronic in 33%, i.e. 10% of population
- ❑ Co-morbidity and long term conditions
- ❑ Psychological, physical effects, reduced productivity and impaired quality of life
- ❑ Hypnotic drug use persistent despite evidence for non-pharmacological interventions

Morphy, H. et al. Epidemiology of insomnia: a longitudinal study in a UK population. *Sleep* 2007; 30 (3): 274–280.

# Drugs for sleep



Dundar Y, *et al.* Newer hypnotic drugs for the short-term management of insomnia: systematic review and economic evaluation. *Health Technol.Assess.* 2004;**8**:iii-125.

# REST

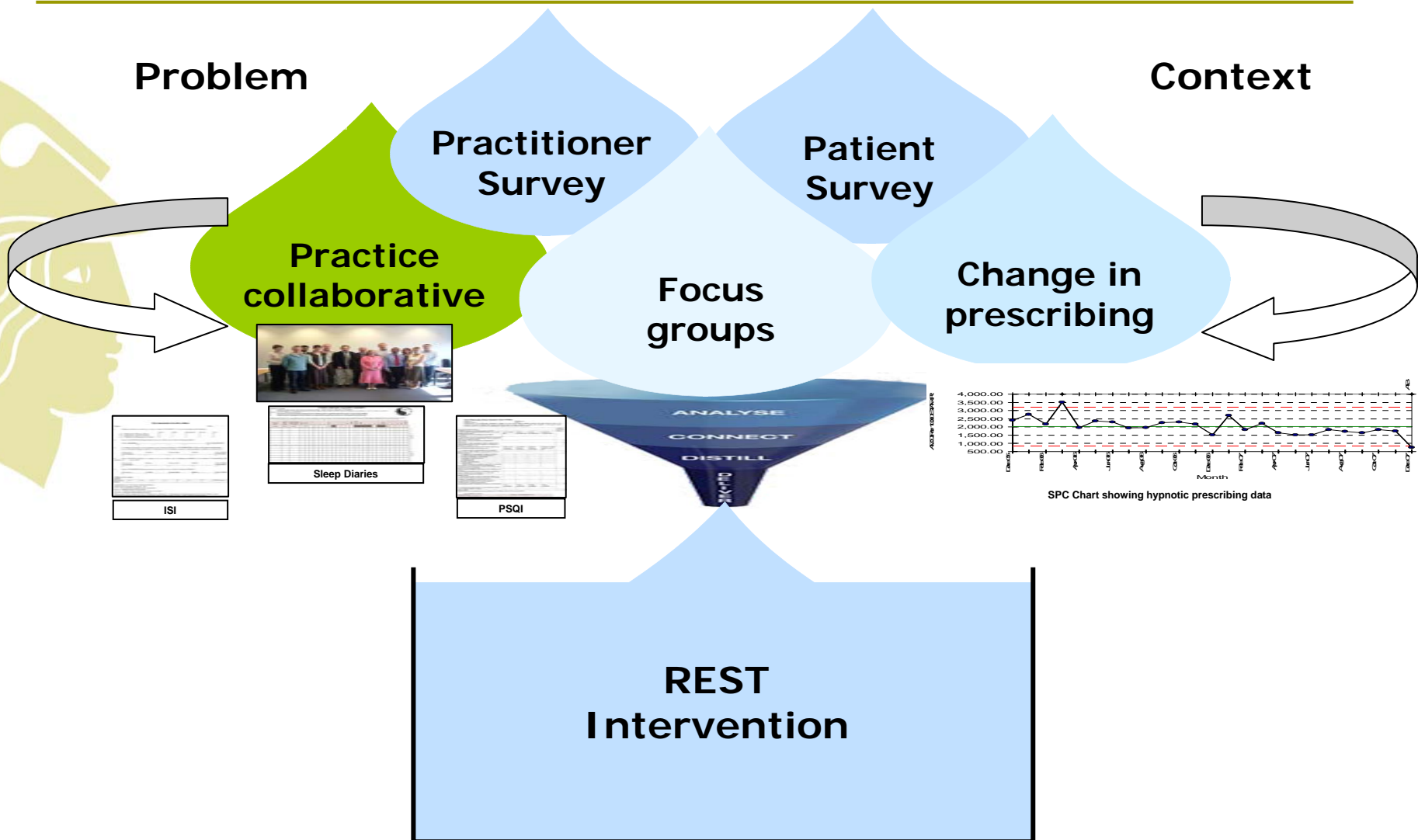
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## Resources for Effective Sleep Treatment:

- ❑ Improve the user experience of treatment for insomnia
- ❑ Increase non-pharmacological treatment of insomnia
- ❑ Reduce rate (and costs) of Z- drug and benzodiazepine hypnotic prescribing




# How we developed the evidence



# Practitioner beliefs about sleep

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- ❑ GPs did not like prescribing drugs but were not sure what else they could do or how to do this
  - ❑ Compared to anxiety where GPs tended to use or refer for psychological treatments for insomnia, drugs were often an early choice of treatment, particularly Z drugs over benzodiazepine hypnotics
  - ❑ GPs positive to initiatives to reduce inappropriate prescribing

Siriwardena AN, Qureshi Z et al. Family doctors' attitudes and behaviour to benzodiazepine and Z drug prescribing *BJGP* 2006; **56**: 964–967.

Siriwardena AN, Apekey T et al. General practitioners' preferences for managing insomnia and opportunities for reducing hypnotic prescribing. *J Eval Clin Pract* 2010;**16**: 731–737

# What patients told us

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- ❑ Side effects common (40%+)
  - ❑ 95% had taken hypnotics for 4 weeks or more
  - ❑ 45% advised to continue treatment for a month or more and a further 42% not advised on duration
  - ❑ 92.1% were on repeat prescriptions
  - ❑ 87.9% first prescribed by GP
  - ❑ 18.6% wished to stop medication

Siriwardena AN et al. Magic bullets for insomnia? Patients' use and experience of newer (z drugs) versus older (benzodiazepine) hypnotics for sleep problems in primary care. *Br J Gen Pract* 2008; **58**: 417-22

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# The quality improvement collaborative

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# What patients said they needed


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- ❑ Listening, empathy, taking the problem seriously
  - ❑ Health beliefs: concerns about sleep tablets vs. need for help
  - ❑ Previous self-help: what they have tried already: OTC, complementary
  - ❑ Careful assessment
  - ❑ Problem focused therapy: including CBT-i

Dyas JV et al. Patients' and clinicians' experiences of consultations in primary care for sleep problems and insomnia: a focus group study. *BJGP* 2010; 60: 329 -333.

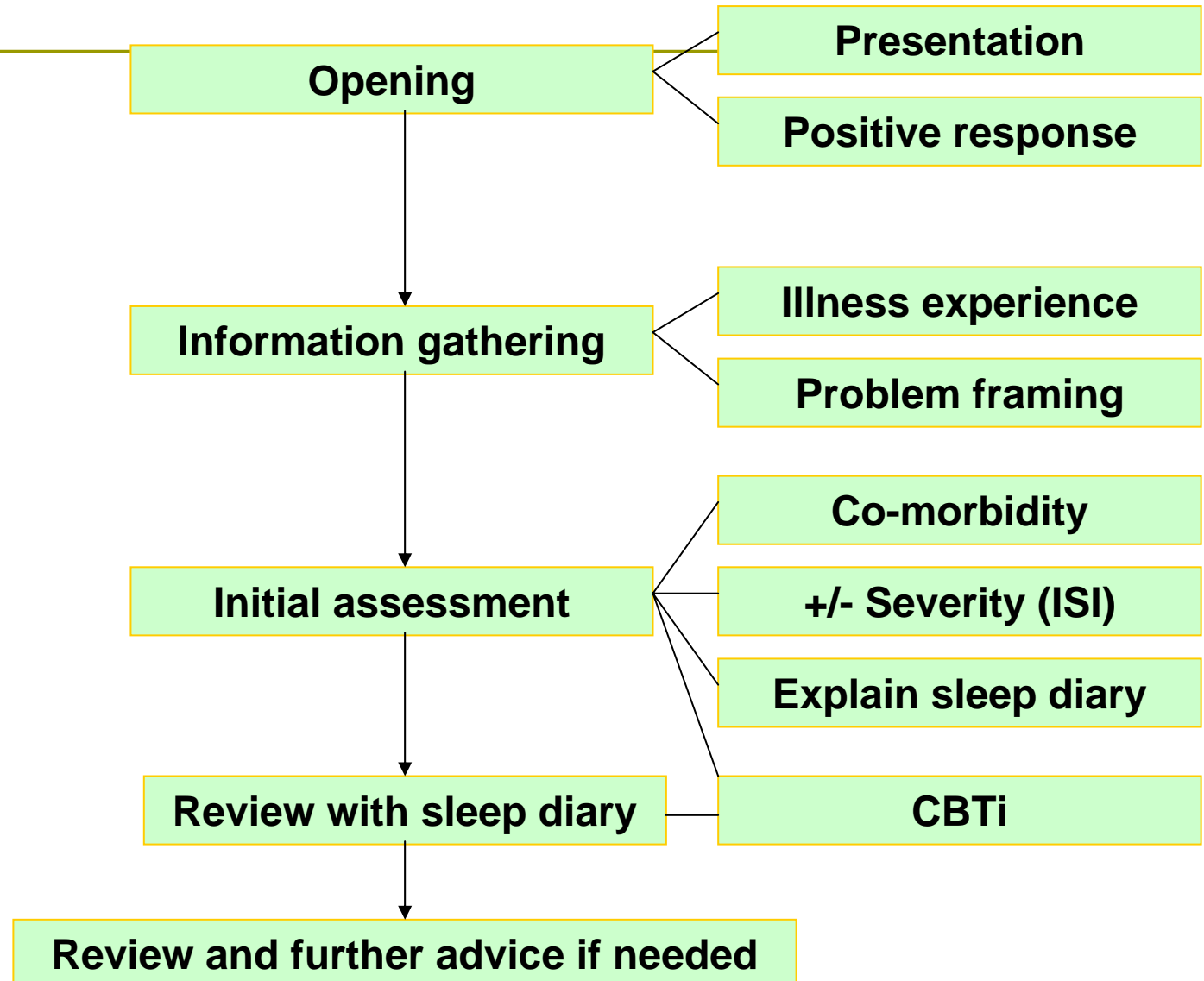
# What we learnt from practitioners

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- ❑ Need to focus on the problem not just underlying causes
  - ❑ Do not assume that patients only want a prescription
  - ❑ Do not expect patients, already on sleeping tablets, to be resistant to stopping...patients often open to alternatives.

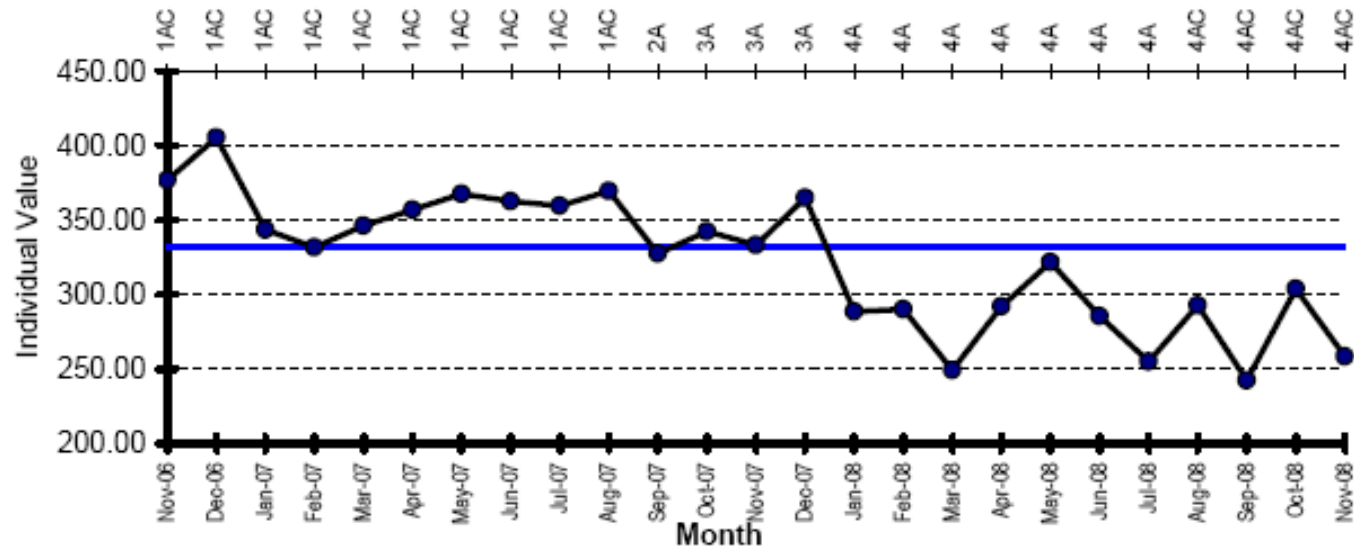
Dyas JV et al. Patients' and clinicians' experiences of consultations in primary care for sleep problems and insomnia: a focus group study. *BJGP* 2010; 60: 329 -333.

# Problem focused therapy



# Some change in prescribing

## SWINGBRIDGE SURGERY



N 25  
Average 322.6644  
Median 331.69  
N Runs 4  
Min Runs 8  
Max Runs 17

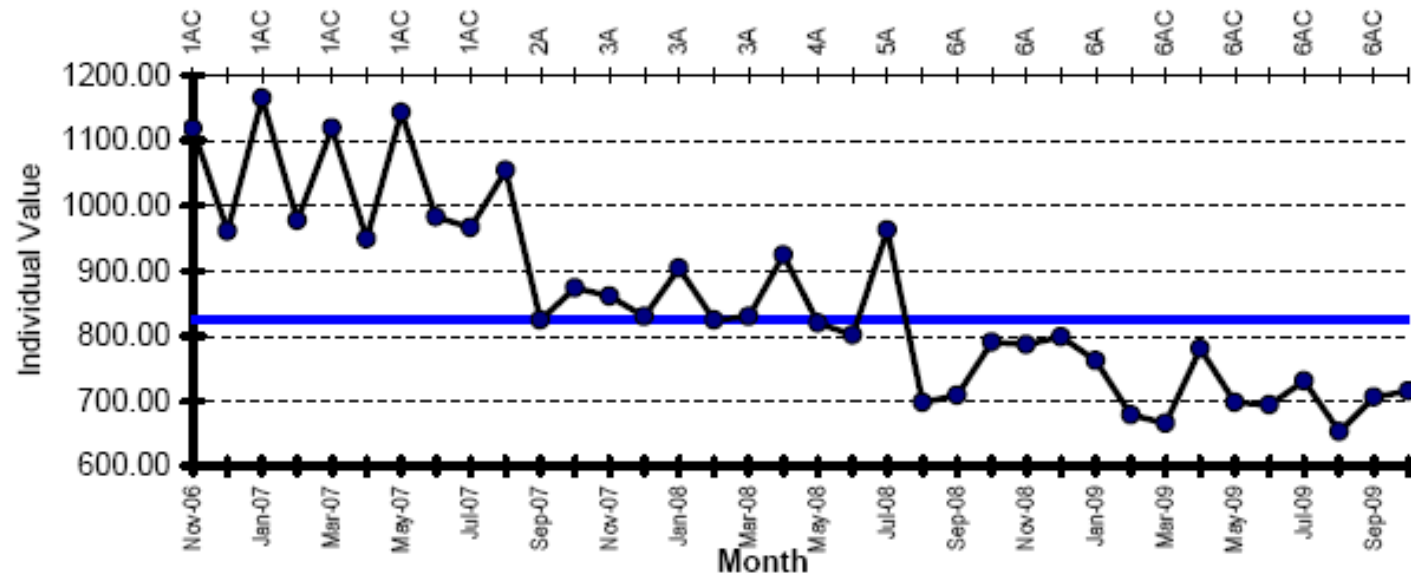
Special Cause(s) Detected

Tests:

- A. Fails Runs Test
- B. Trend of 7
- C. 8 One Side of Median
- D. 14 Alternating
- E. 7 Same Value
- X. Excluded or Missing Data

# More change

## NEWMARKET MEDICAL PRACTICE

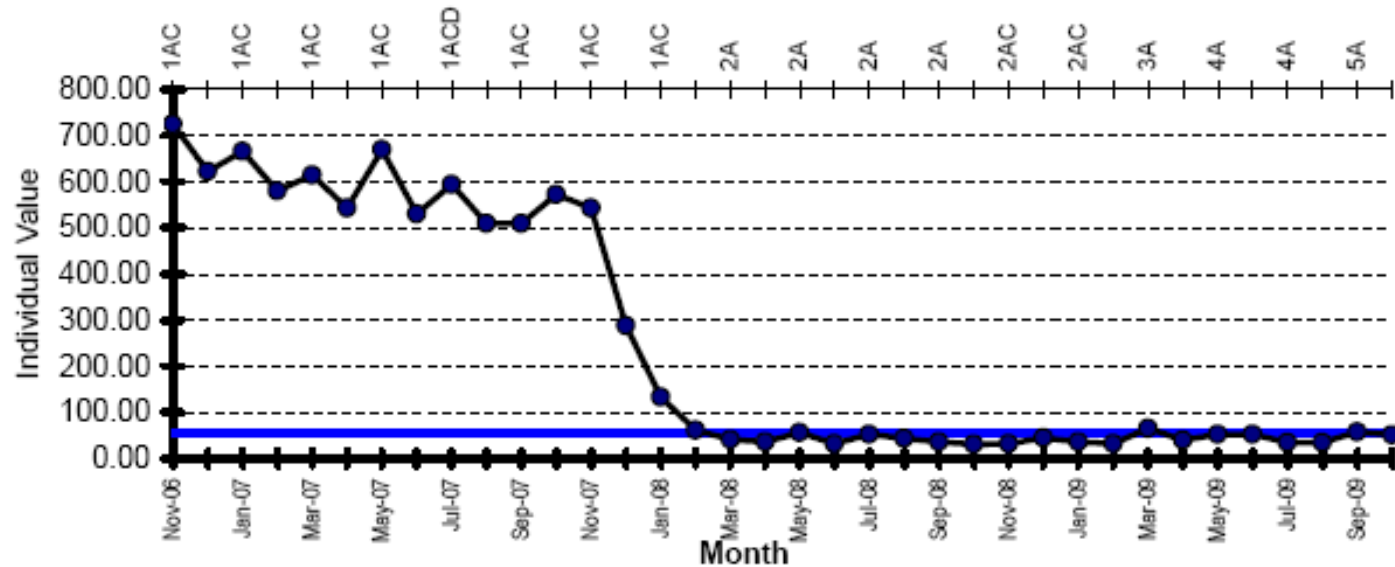


N 36  
 Average 854.529444  
 Median 824.515  
 N Runs 6  
 Min Runs 13  
 Max Runs 24  
 Special Cause(s) Detected

Tests:  
 A. Fails Runs Test  
 B. Trend of 7  
 C. 8 One Side of Median  
 D. 14 Alternating  
 E. 7 Same Value  
 X. Excluded or Missing Data

# Dramatic change

## BINBROOK SURGERY



N 36  
 Average 250.891111  
 Median 56.48  
 N Runs 6  
 Min Runs 13  
 Max Runs 24


Special Cause(s) Detected

Tests:

- A. Fails Runs Test
- B. Trend of 7
- C. 8 One Side of Median
- D. 14 Alternating
- E. 7 Same Value
- X. Excluded or Missing Data

# Data analysis

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- ❑ Time series analysis of number of prescriptions 2 years before and during the 6 month intervention period
  - ❑ 8 practices in the intervention group:
    - reduced prescribing of benzodiazepines by 2.2% per month (95% CI reduction of 4.6 to increase of 0.2) more than the other 94 practices during the six month intervention period
    - reduced their Z-drug prescription by 3.7% per month (95% CI 5.9 to 1.4) more over the same period

# Collaborative results

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- ❑ Practices showed innovative ways to respond to management of insomnia
- ❑ Practices tested out new models of assessment and non-drug treatment including CBTi showing how these could be 'normalized' within a primary care setting
- ❑ GPs and patients contributed to information for modelling an intervention in primary care



# Next steps

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- ❑ Preliminary testing in a pilot cluster RCT
  - ❑ Spread
    - Seminars
    - E-learning

Siriwardena AN et al. Effectiveness and cost-effectiveness of an educational intervention for practice teams to deliver problem focused therapy for insomnia: rationale and design of a pilot cluster randomised trial. *BMC Family Practice* 2009, **10**:9

# Project members

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- ❑ Lincolnshire Primary Care Trust
- ❑ University of Lincoln, Lincoln School of Health and Social Care (LSHSC)
- ❑ East Midlands Hub, Mental Health Research Network (EM MHRN)
- ❑ University of Nottingham, Social Policy
- ❑ Trent Research & Development Support Unit (RDSU)



# Contact

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- ❑ Funding: Health Foundation
- ❑ Contact: [nsiriwardena@lincoln.ac.uk](mailto:nsiriwardena@lincoln.ac.uk)
- ❑ Website: <http://www.restproject.org.uk/>





# Thank you

Lincolnshire **NHS**  
Teaching Primary Care Trust



**RENT RDSU**  
Research & Development Support Unit

**East Midlands Hub**  
Clinical Health Research Institute

**SYNOPSIS**

**REST**  
Resources for Effective Stop Treatment

**Health Partners**

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Clinical Health Innovation Leadership

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